



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

**D2858-2**  
**Job Sheet 188525**



Part No: D2858-2

Job Qty: ~~20~~ pcs

Part Name: Hinge Bracket

21 pcs.



Part Weight: 0 lbs

Status: New

Priority: Medium

Job Created: 1/10/19

Job Tracking No:

Due Date: 1/24/19

Created By: Marie Lajeunesse

Type: Stock

Description:

Note: DWG REV C IPP C 00.06.22 Removed P/O for powder coat EC

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation                     | Qty    | Start Date | Due Date | Standard  |         | Workcenter/Supplier      |           | Sign-off     |
|-------|-------------------------------|--------|------------|----------|-----------|---------|--------------------------|-----------|--------------|
|       |                               |        |            |          | Setup Hrs | Run Hrs | Workcenter / Supplier    | Lead Time |              |
| 100   | Bandsaw - 1                   | 20 pcs |            | 1/24/19  | 0.00      | 0.06    | Bandsaw - 1              |           | SBL 19/02/08 |
| 110   | HAAS 4 Axis - B4B             | 20 pcs |            | 1/24/19  | 0.00      | 5.49    | HAAS - 1 - B4B           |           |              |
|       |                               |        |            |          |           |         | HAAS - 2 - B4B           |           |              |
|       |                               |        |            |          |           |         | HAAS - 3 - B4B           |           | D.e 19-02-10 |
|       |                               |        |            |          |           |         | HAAS - 4 - B4B           |           |              |
| 130   | QC 8                          | 20 pcs |            | 1/24/19  | 0.00      | 0.00    | QC 8 - 12                |           |              |
|       |                               |        |            |          |           |         | QC 8 - 14                |           |              |
|       |                               |        |            |          |           |         | QC 8 - 17                |           |              |
|       |                               |        |            |          |           |         | QC 8 - 20                |           |              |
|       |                               |        |            |          |           |         | QC 8 - 25                |           | JK           |
|       |                               |        |            |          |           |         | QC 8 - 3                 |           |              |
|       |                               |        |            |          |           |         | QC 8 - 32                |           |              |
|       |                               |        |            |          |           |         | QC 8 - 33                |           |              |
|       |                               |        |            |          |           |         | QC 8 - 35                |           |              |
|       |                               |        |            |          |           |         | QC 8 - 38                |           |              |
|       |                               |        |            |          |           |         | QC 8 - 39                |           |              |
|       |                               |        |            |          |           |         | QC 8 - 4                 |           |              |
|       |                               |        |            |          |           |         | QC 8 - 44                |           |              |
|       |                               |        |            |          |           |         | QC 8 - 45                |           |              |
|       |                               |        |            |          |           |         | QC 8 - 49                |           |              |
|       |                               |        |            |          |           |         | QC 8 - 58                |           |              |
|       |                               |        |            |          |           |         | QC 8 - 8                 |           |              |
|       |                               |        |            |          |           |         | QC 8 - 9                 |           |              |
|       |                               |        |            |          |           |         | QC 8 - 68                |           |              |
|       |                               |        |            |          |           |         | QC 8 - 67                |           |              |
|       |                               |        |            |          |           |         | QC 8 - 1 (A)             |           |              |
| 140   | Handfinish - 1-1 Chemical-B4B | 20 pcs |            | 1/24/19  | 0.00      | 0.39    | Handfinish - 1 - 1 - B4B |           |              |
|       |                               |        |            |          |           |         | Handfinish - 1 - 2 - B4B |           |              |
|       |                               |        |            |          |           |         | Handfinish - 1 - 3 -     |           |              |



Container No: S152164



Part: D2858-2

Job No: 188525

Serial No/Batch: S152164

Revision:

Inspector:

Exp Date:

Instructions: Various STC's

Dart Aerospace Ltd.  
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CANADA  
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Email: sales@dartaero.com  
www.dartaerospace.com

Date: 02/08/19

|                                     |        |         |           |                           |             |
|-------------------------------------|--------|---------|-----------|---------------------------|-------------|
|                                     |        |         |           | B4B                       |             |
|                                     |        |         |           | Handfinish - 1 - 4 - B4B  |             |
|                                     |        |         |           | Handfinish - 1 - 5 - B4B  |             |
|                                     |        |         |           | Handfinish - 1 - 6 - B4B  |             |
|                                     |        |         |           | Handfinish - 1 - 7 - B4B  |             |
|                                     |        |         |           | Handfinish - 1 - 8 - B4B  |             |
|                                     |        |         |           | Handfinish - 1 - 9 - B4B  |             |
|                                     |        |         |           | Handfinish - 1 - 10 - B4B | D.R 19/2/11 |
|                                     |        |         |           | Handfinish - 1 - 11 - B4B |             |
|                                     |        |         |           | Handfinish - 1 - 12 - B4B |             |
|                                     |        |         |           | Handfinish - 1 - 13 - B4B |             |
|                                     |        |         |           | Handfinish - 1 - 14 - B4B |             |
|                                     |        |         |           | Handfinish - 1 - 15 - B4B |             |
|                                     |        |         |           | Handfinish - 1 - 16 - B4B |             |
|                                     |        |         |           | Handfinish - 1 - 17 - B4B |             |
|                                     |        |         |           | Handfinish - 1 - 18 - B4B |             |
|                                     |        |         |           | Handfinish - 1 - 19 - B4B |             |
|                                     |        |         |           | Handfinish - 1 - 20 - B4B |             |
|                                     |        |         |           | Handfinish - 1 - 21 - B4B |             |
|                                     |        |         |           | Handfinish - 1 - 22 - B4B |             |
| 150 Powdercoat - 1 White Gl(A)- B4B | 20 pcs | 1/24/19 | 0.00 0.34 | Powdercoat - 1 - B4B      |             |
|                                     |        |         |           | Powdercoat - 2 - B4B      |             |
|                                     |        |         |           | Powdercoat - 3 - B4B      | BK 19-02-12 |
|                                     |        |         |           | Powdercoat - 4 - B4B      |             |
|                                     |        |         |           | QC 3 - 10                 |             |
|                                     |        |         |           | QC 3 - 13                 |             |
|                                     |        |         |           | QC 3 - 15                 |             |
|                                     |        |         |           | QC 3 - 17                 |             |
|                                     |        |         |           | QC 3 - 18                 |             |
|                                     |        |         |           | QC 3 - 2                  |             |
|                                     |        |         |           | QC 3 - 26                 |             |
|                                     |        |         |           | QC 3 - 28                 |             |
|                                     |        |         |           | QC 3 - 3                  |             |
|                                     |        |         |           | QC 3 - 30                 |             |
|                                     |        |         |           | QC 3 - 34                 |             |
|                                     |        |         |           | QC 3 - 36                 |             |
|                                     |        |         |           | QC 3 - 38                 |             |
|                                     |        |         |           | QC 3 - 41                 |             |
|                                     |        |         |           | QC 3 - 51                 |             |
|                                     |        |         |           | QC 3 - 58                 |             |
|                                     |        |         |           | QC 3 - 59                 |             |
|                                     |        |         |           | QC 3 - 6                  |             |
|                                     |        |         |           | QC 3 - 68                 |             |
|                                     |        |         |           | QC 3 - 9                  | PD 19-02-13 |
| 150 Powdercoat - 1 White Gl(A)- B4B | 20 pcs | 1/24/19 | 0.00 0.34 |                           |             |
| 160 QC 3                            | 20 pcs | 1/24/19 | 0.00 0.00 |                           |             |

150 Powdercoat - 1 White Gl(A)- B4B

20 pcs

1/24/19

0.00 0.34

Powdercoat - 1 - B4B

Powdercoat - 2 - B4B

Powdercoat - 3 - B4B

Powdercoat - 4 - B4B

QC 3 - 10

QC 3 - 13

QC 3 - 15

QC 3 - 17

QC 3 - 18

QC 3 - 2

QC 3 - 26

QC 3 - 28

QC 3 - 3

QC 3 - 30

QC 3 - 34

QC 3 - 36

QC 3 - 38

QC 3 - 41

QC 3 - 51

QC 3 - 58

QC 3 - 59

QC 3 - 6

QC 3 - 68

QC 3 - 9

START: 2:40 O.V.T. 300° FINISH: 3:10

160 QC 3

20 pcs

1/24/19

0.00 0.00

QC 3 - 10

QC 3 - 13

QC 3 - 15

QC 3 - 17

QC 3 - 18

QC 3 - 2

QC 3 - 26

QC 3 - 28

QC 3 - 3

QC 3 - 30

QC 3 - 34

QC 3 - 36

QC 3 - 38

QC 3 - 41

QC 3 - 51

QC 3 - 58

QC 3 - 59

QC 3 - 6

QC 3 - 68

QC 3 - 9

170 Packaging 3-1 - Stock - B4B

20  
pcs

1/24/19

0.00 0.00

Packaging 3 - 1 - B4B

Packaging 3 - 2 - B4B

Packaging 3 - 3 - B4B

Packaging 3 - 4 - B4B

Packaging 3 - 5 - B4B

Packaging 3 - 6 - B4B

Packaging 3 - 7 - B4B

Packaging 3 - 8 - B4B

Packaging 3 - 9 - B4B

Packaging 3 - 10 - B4B

Packaging 3 - 11 - B4B

Packaging 3 - 12 - B4B

Packaging 3 - 13 - B4B

Packaging 3 - 14 - B4B

Packaging 3 - 15 - B4B

Packaging 3 - 16 - B4B

Packaging 3 - 17 - B4B

Packaging 3 - 18 - B4B

Packaging 3 - 19 - B4B

Packaging 3 - 20 - B4B

Packaging 3 - 21 - B4B

Packaging 3 - 22 - B4B

Packaging 3 - 23 - B4B

Packaging 3 - 24 - B4B

Packaging 3 - 25 - B4B

Packaging 3 - 26 - B4B

Packaging 3 - 27 - B4B

Packaging 3 - 28 - B4B

Packaging 3 - 29 - B4B

Packaging 3 - 30 - B4B

Packaging 3 - 31 - B4B

Packaging 3 - 32 - B4B

Packaging 3 - 33 - B4B

Packaging 3 - 34 - B4B

Packaging 3 - 35 - B4B

Packaging 3 - 36 - B4B

DAS FEB 14 2019

6  
9-89

5/2012

180 QC 21 - SA

20  
pcs

1/24/19

0.00 0.00

QC 21 - SA - 21

QC 21 - SA - 70

DAS  
21  
9-89

FEB 14 2019

Part Op 100 - Bandsaw

Descriptions: 110 - HAAS CNC Vertical Machine 1-Machine per folio FA941

130 - QC8- Inspect parts - second check

140 - Chemical Conversion Coat per QSI005 4.1

150 - White Gloss(Ref:4.3.5.1) per QSI005 4.3-Alum) START TIME: \_\_\_\_\_

160 - QC3- Inspect Part Finish

170 - Identify as per dwg &amp; Stock Location: \_\_\_\_\_

180 - QC21- Final Inspection - Work Order Release

cut at 5.850 16 blanks make 3 parts

SCRAP  
5.250  
0.437  
MAT  
USED  
3.455

## Job BOM

| Part / Item         | Component Name            | Quantity      | Operation       | Container |
|---------------------|---------------------------|---------------|-----------------|-----------|
| M6061T6B1.250X1.500 | 6061-T6 Bar 1.250 X 1.500 | 3 ft (.15 ea) | 100-Bandsaw - 1 | FM137980  |

S 136474

## Job Allocations

| Operation       | Component Part      | Required | Inventory | Allocated |
|-----------------|---------------------|----------|-----------|-----------|
| 100-Bandsaw - 1 | M6061T6B1.250X1.500 | 3        | 15        | 0         |



| Part Specifications |               |                                |                |        |                  |
|---------------------|---------------|--------------------------------|----------------|--------|------------------|
| Spec No             | Description   | Target/Tolerance               | Limits         | Type   | Special Comments |
| 1                   | Hinge Bracket | 0.171inches + 0.005<br>- 0.000 | 0.176<br>0.171 | ,171   |                  |
| 2                   | Hinge Bracket | 0.400inches + 0.005<br>- 0.000 | 0.405<br>0.400 | ,400   |                  |
| 3                   | Hinge Bracket | 0.125inches ± 0.010            | 0.135<br>0.115 | ,123   |                  |
| 4                   | Hinge Bracket | 0.328inches ± 0.010            | 0.338<br>0.318 | ,327   |                  |
| 5                   | Hinge Bracket | 0.820inches ± 0.010            | 0.830<br>0.810 | ,821   |                  |
| 6                   | Hinge Bracket | 1.476inches ± 0.010            | 1.486<br>1.466 | ,476   |                  |
| 7                   | Hinge Bracket | 0.342inches ± 0.010            | 0.352<br>0.332 | ,342   |                  |
| 8                   | Hinge Bracket | 0.875inches ± 0.010            | 0.885<br>0.865 | ,875   |                  |
| 9                   | Hinge Bracket | 1.560inches ± 0.030            | 1.590<br>1.530 | ,563   |                  |
| 10                  | Hinge Bracket | 0.147inches ± 0.010            | 0.157<br>0.137 | ,148   |                  |
| 11                  | Hinge Bracket | 0.717inches ± 0.010            | 0.727<br>0.707 | ,720   |                  |
| 12                  | Hinge Bracket | 0.697inches ± 0.010            | 0.707<br>0.687 | ,697   |                  |
| 13                  | Hinge Bracket | 0.229inches ± 0.010            | 0.239<br>0.219 | ,230   |                  |
| 14                  | Hinge Bracket | 0.125inches ± 0.010            | 0.135<br>0.115 | ,123 ← |                  |
| 15                  | Hinge Bracket | 0.063inches ± 0.010            | 0.073<br>0.053 | ,060   |                  |
| 16                  | Hinge Bracket | 0.063inches ± 0.010            | 0.073<br>0.053 | ,060   |                  |
| 17                  | Hinge Bracket | 0.126inches ± 0.010            | 0.136<br>0.116 | ,123   |                  |
| 18                  | Hinge Bracket | 0.630inches ± 0.010            | 0.640<br>0.620 | ,628   |                  |
| 19                  | Hinge Bracket | 0.354inches ± 0.010            | 0.364<br>0.344 | ,353   |                  |
| 20                  | Hinge Bracket | 0.965inches ± 0.010            | 0.975<br>0.955 | ,966   |                  |
| 21                  | Hinge Bracket | 0.166inches + 0.005<br>- 0.000 | 0.171<br>0.166 | ,166   |                  |

Plex 1/22/19 11:36 AM Dart.Hadley.Shannon



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Canada

Tel (613) 632-5200  
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D2858-2

Job Sheet 188525



Part No: D2858-2

Job Qty: 20 ea

Part Name: Hinge Bracket



Part Weight: 0 lbs

Job Created: 1/10/19

Due Date: 1/24/19

Type: Stock

Status: New

Job Tracking No:

Created By: Marie

Description:

Note: DWG REV C IPP C 00.06.22 Removed P/O for powder coat E

Ship Via:

Done ml

### Bill of Materials

### Job Routing

| Op No | Operation              | Qty    | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off |
|-------|------------------------|--------|------------|----------|-----------|---------|-----------------------|-----------|----------|
|       |                        |        |            |          | Setup Hrs | Run Hrs | Workcenter / Supplier | Lead Time |          |
| 90    | Start up Operation     | 20 Ea  |            | 1/24/19  | 0.00      | 0.00    | Start Up Machining-1  |           |          |
| 100   | Bandsaw                | 20 pcs |            | 1/24/19  | 0.00      | 0.06    | Bandsaw1              |           |          |
| 110   | CNC Vertical Machining | 20 pcs |            | 1/24/19  | 0.00      | 5.49    | HAAS1-2               |           |          |
| 130   | QC                     | 20 pcs |            | 1/24/19  | 0.00      | 0.00    | QC8 Machining-1       |           |          |
| 140   | HandFinish             | 20 pcs |            | 1/24/19  | 0.00      | 0.39    | HandFinish1           |           |          |
| 150   | Powdercoat             | 20 pcs |            | 1/24/19  | 0.00      | 0.34    | Powdercoat1           |           |          |
| 160   | QC                     | 20 pcs |            | 1/24/19  | 0.00      | 0.00    | QC3                   |           |          |
| 170   | Packaging              | 20 pcs |            | 1/24/19  | 0.00      | 0.00    | Packaging3-1          |           |          |
| 180   | QC21-SA                | 20 Ea  |            | 1/24/19  | 0.00      | 0.00    | QC21                  |           |          |

Part Op 110 - 1-Machine per folio FA941

Descriptions: 150 - START TIME: \_\_\_\_\_

### Job BOM

| Part / Item         | Component Name            | Quantity      | Operation             | Container |
|---------------------|---------------------------|---------------|-----------------------|-----------|
| M6061T6B1.250X1.500 | 6061-T6 Bar 1.250 X 1.500 | 3 ft (.15 ea) | 90-Start up Operation |           |

### Job Allocations

| Operation             | Component Part      | Required | Inventory | Allocated |
|-----------------------|---------------------|----------|-----------|-----------|
| 90-Start up Operation | M6061T6B1.250X1.500 | 3        | 16        | 0         |

### Part Specifications

| Spec No | Description   | Target/Tolerance               | Limits         | Type | Special Comments |
|---------|---------------|--------------------------------|----------------|------|------------------|
| 1       | Hinge Bracket | 0.171inches + 0.005<br>- 0.000 | 0.176<br>0.171 |      |                  |
| 2       | Hinge Bracket | 0.400inches + 0.005<br>- 0.000 | 0.405<br>0.400 |      |                  |
| 3       | Hinge Bracket | 0.125inches ± 0.010            | 0.135<br>0.115 |      |                  |
| 4       | Hinge Bracket | 0.328inches ± 0.010            | 0.338<br>0.318 |      |                  |
| 5       | Hinge Bracket | 0.820inches ± 0.010            | 0.830<br>0.810 |      |                  |



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                              |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Step #: _____                                                                                                                                                                      | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |
| <b>Root Cause</b><br><div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabelled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |

|    |               |                                |                |
|----|---------------|--------------------------------|----------------|
| 6  | Hinge Bracket | 1.476inches $\pm$ 0.010        | 1.486<br>1.466 |
| 7  | Hinge Bracket | 0.342inches $\pm$ 0.010        | 0.352<br>0.332 |
| 8  | Hinge Bracket | 0.875inches $\pm$ 0.010        | 0.885<br>0.865 |
| 9  | Hinge Bracket | 1.560inches $\pm$ 0.030        | 1.590<br>1.530 |
| 10 | Hinge Bracket | 0.147inches $\pm$ 0.010        | 0.157<br>0.137 |
| 11 | Hinge Bracket | 0.717inches $\pm$ 0.010        | 0.727<br>0.707 |
| 12 | Hinge Bracket | 0.697inches $\pm$ 0.010        | 0.707<br>0.687 |
| 13 | Hinge Bracket | 0.229inches $\pm$ 0.010        | 0.239<br>0.219 |
| 14 | Hinge Bracket | 0.125inches $\pm$ 0.010        | 0.135<br>0.115 |
| 15 | Hinge Bracket | 0.063inches $\pm$ 0.010        | 0.073<br>0.053 |
| 16 | Hinge Bracket | 0.063inches $\pm$ 0.010        | 0.073<br>0.053 |
| 17 | Hinge Bracket | 0.126inches $\pm$ 0.010        | 0.136<br>0.116 |
| 18 | Hinge Bracket | 0.630inches $\pm$ 0.010        | 0.640<br>0.620 |
| 19 | Hinge Bracket | 0.354inches $\pm$ 0.010        | 0.364<br>0.344 |
| 20 | Hinge Bracket | 0.965inches $\pm$ 0.010        | 0.975<br>0.955 |
| 21 | Hinge Bracket | 0.166inches + 0.005<br>- 0.000 | 0.171<br>0.166 |

Plex 1/10/19 12:47 PM Dart.lajeunesse.marie

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                          |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                     |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QS1042) Approval |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | Completed By                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |  | <input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crimp/Kink/Ripple/Wave<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Crushing<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Wave/Twist in Tube<br><input type="checkbox"/> Marks/Chatter |  | <b>FAULT CATEGORY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Set-up<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damage/Defect<br><input type="checkbox"/> Inspection Incomplete/Unqualified<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Drill Holes |                       | <input type="checkbox"/> Power Loss/Surge<br><input type="checkbox"/> Folio/Program<br><input type="checkbox"/> Grain<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Off-set<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Fit/Function<br><input type="checkbox"/> Misaligned/off center |  | <input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Outside Dimensions<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Turning Sequence |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <input type="checkbox"/> OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |